CHAPTER T-200

MEDICAL TRANSPORTATION SERVICES

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T-201 PROVIDER PARTICIPATION

T-201.1 PARTICIPATION REQUIREMENTS

Transportation providers eligible to be considered for participation are those who own or lease and operate any of the following:

- Ambulances licensed by the Illinois Secretary of State and inspected annually by the Illinois Department of Public Health (Vehicle Registration Type Ambulance).
- Helicopters possessing a special EMS license and an FAA Air Carrier Certificate issued by the United States Department of Transportation.
- Medicars licensed by the Illinois Secretary of State.
- Taxicabs licensed by the Illinois Secretary of State and, where applicable, by local regulatory agencies.
- Service cars licensed by the Illinois Secretary of State as livery or public transportation.
- Private automobiles licensed by the Illinois Secretary of State.
- Other specialized modes of transportation, such as buses, trains and commercial airplanes.

Drivers and vehicles must meet the Illinois Secretary of State licensing requirements.

Ambulance providers who provide services within Illinois must be in compliance with the EMS Systems Act (210 ILCS 50). Other transportation provider types based outside of Illinois must provide a valid license, permit or certification from the state where the business is headquartered.

= Providers of transportation services are classified as emergency or non-emergency. Emergency transportation includes ambulance and helicopter providers. Non-emergency transportation includes medicar, taxicab, service car, private automobile, bus, train, and commercial airplane providers.

The provider must be enrolled for the specific category of service(s) (COS) for which charges are to be made. The categories of service for which a transportation provider may enroll are:

COS	SERVICE DEFINITION
50	Emergency Ambulance - Transportation of a patient whose medical condition requires immediate treatment of an illness or injury. The destination of an emergency ambulance is the emergency department of a hospital or another source of medical care when a hospital is not immediately accessible. Or Emergency Helicopter - Transportation of a patient when the responsible physician determines such mode to be a medical necessity. Such determination must be documented in writing by the physician.
51	Non-emergency Ambulance - Transportation of a patient whose medical condition requires transfer by stretcher and medical supervision. The patient's condition may also require medical equipment or the administration of drugs or oxygen, etc. during the transport.
= 52	Medicar - Transportation of a patient whose medical condition requires the use of a hydraulic or electric lift or ramp, wheelchair lockdowns or transportation by stretcher when the patient's condition does not require medical supervision, medical equipment, the administration of drugs or the administration of oxygen, etc.
53	Taxicab - Transportation by passenger vehicle of a patient whose medical condition does not require a specialized mode.
54	Service Car - Transportation by passenger vehicle of a patient whose medical condition does not require a specialized mode.
55	Private Automobile - Transportation by passenger vehicle of a patient whose medical condition does not require a specialized mode.
56	Other Transportation - Transportation by common carrier, e.g., bus, train or commercial airplane.

To participate, a transportation provider is required to enroll and file a provider agreement with the Department.

PROCEDURE: The provider must complete and submit:

- Form DPA 2243, Provider Enrollment Application Form.
- W9 Request for Taxpayer Identification Number.
- Form DPA 1413T, Medical Provider Agreement.

The following documentation must be provided with the application, if appropriate.

- Medicare Method of Payment - ambulance only.
- Copy of Secretary of State Vehicle Identification card.
- Copy of approved rate of reimbursement as established by local government authority.
- copy of FAA Air Carrier Certificate.

Enrollment forms may be obtained from the Provider Participation Unit. E-mail requests for enrollment forms should be addressed to:

PPU@mail.idpa.state.il.us

Providers may also call the unit at (217)782-0538 or mail a request to:

Illinois Department of Public Aid
Provider Participation Unit
Post Office Box 19114
Springfield, Illinois 62794-9114

= The forms must be completed (printed in ink or typewritten), signed and dated in ink by the provider, and returned to the above address. The provider should retain a copy of the forms.

Participation approval is not transferable - When there is a change in ownership of an enrolled transportation company, or a change in the Federal Employer's Identification Number or the Social Security Number of an enrolled transportation provider, a new application for participation must be completed. Claims submitted by the new owner using the prior owner's assigned provider number may result in recoupment of payments and other sanctions.

= **Fingerprint-Based Criminal Background Checks**- As part of the enrollment process, non-emergency transportation providers, excluding vendors owned or operated by governmental agencies and private automobiles, must submit to a fingerprint-based criminal background check as set forth in 89 Ill. Adm. Code 140.498.

T-201.2 PARTICIPATION APPROVAL

When participation is approved, the provider will receive a computer-generated notification, the Provider Information Sheet, listing the data in the Department's computer files. Refer to Appendix T-3 and T-3a. The information on the Provider Information Sheet is to be reviewed for accuracy immediately upon receipt. If all information is correct, the provider is to retain the Provider Information Sheet for subsequent use in completing billing forms.

The provider must correct any inaccuracies on the Department's file, as identified on the Provider Information Sheet. Refer to T-201.4 for the procedure to report change(s).

= The Provider Participation Unit will assign the enrollment date.

= Non-emergency transportation providers are subject to a 180 day probationary enrollment period as set out in 89 Ill. Adm. Code 140.11.

T-201.3 PARTICIPATION DENIAL

When participation is denied, the provider will receive written notification of the reason for denial.

Within ten days after such notice, the provider may request a hearing. The request must be in writing and must contain a brief statement of the basis upon which the Department's action is being challenged. If such a request is not received within ten days, or is received but later withdrawn, the Department's decision shall be a final and binding administrative determination. Department rules concerning the basis for denial of participation are set out in 89 Ill. Adm. Code 140.14. Department rules concerning the administrative hearing process are set out in 89 Ill. Adm. Code 104 Subpart C.

T-201.4 PROVIDER FILE MAINTENANCE

The information carried in the Department’s files for participating providers must be maintained on a current basis. The provider and the Department share responsibility for keeping the file updated.

Provider Responsibility

The information contained on the Provider Information Sheet is that carried in the Department’s files. Each time the provider receives a Provider Information Sheet, it is to be reviewed carefully for accuracy. Inasmuch as the Provider Information

Sheet contains information to be used by the provider in the preparation of claims, the provider must immediately correct any inaccuracies found and notify the Department.

Any time the provider makes a change that causes information on the Provider Information Sheet to become invalid, the provider must notify the Department. When possible, notification should be made in advance of a change.

Procedure: The provider is to line out the incorrect or changed data, enter the correct data and sign the Provider Information Sheet on the line provided with an original signature. Forward the corrected Provider Information Sheet to:

Illinois Department of Public Aid
Provider Participation Unit
Post Office Box 19114
Springfield, Illinois 62794-9114

Failure of a provider to properly notify the Department of corrections or changes may cause an interruption in participation and payments. In addition, the prior approval process may be interrupted if the Department's prior approval agent does not have correct information.

Department Responsibility

When there is a change in a provider's enrollment status or a change is submitted by the provider, the Department will generate an updated Provider Information Sheet reflecting the change and the effective date of the change. The updated sheet will be sent to the provider and to any payees listed if the address is different from the provider.

T-202 TRANSPORTATION REIMBURSEMENT

T-202.1 CHARGES

Charges made to the Department must be the provider's usual and customary charges as made to the general public for the same service.

T-202.2 ELECTRONIC CLAIMS SUBMITTAL

Any services which do not require attachments or accompanying documentation may be billed electronically. Further information can be found in Chapter 100, Topic 112.3.

Providers should take special note of the requirement that Form 194-M-C, Billing Certification Form, which the provider will receive with the remittance advice, must be signed and retained by the provider for a period of three years from the date of the voucher. Failure to do so may result in revocation of the provider's right to bill electronically, recovery of monies, or other adverse actions. Refer to Chapter 100, Topic 130.5 for further details.

Please note that the specifications for electronic claims billing are not the same as those for paper claims. Please follow the instructions for the medium being used. If a problem occurs with electronic billing, the provider should contact the Department in the same manner as would be applicable to a paper claim. It may be necessary for the provider to contact their software vendor if the Department determines that the service rejections are being caused by the submission of incorrect or invalid data.

T-202.3 CLAIMS PREPARATION AND SUBMITTAL

Refer to Chapter 100, Topic 112, for general policy and procedures regarding claim submittal. For general information on billing for Medicare covered services and submittal of claims for participants eligible for Medicare Part B, refer to Chapter 100, Topics 112.5 and 120.1. For information on billing for transportation services and submittal of claims for participants eligible for Medicare Part B, refer to Appendix T-2.

Form DPA 2209, Transportation Invoice, is to be used to submit charges for transportation services. Refer to Appendix T-1a for an example of a DPA 2209.

All services for which charges are made must be coded with specific procedure codes. Procedure codes and reimbursement rates for each transportation provider are listed on the Provider Information Sheet.

The Department uses a claim imaging system to scan paper claims. The imaging system allows more efficient processing of paper claims and also allows attachments to be scanned. Refer to Appendix T-1 for technical guidelines to assist in preparing paper claims for processing. The Department offers a claim scannability and imaging evaluation. Please send sample claims with a request for evaluation to the following address:

Illinois Department of Public Aid
201 South Grand Avenue East
Second Floor - Data Preparation Unit
Springfield, Illinois 62763-0001
Attention: Vendor/Scanner Liaison

The completed claims are to be submitted in a DPA 2244, Transportation Invoice Envelope, a pre-addressed mailing envelope provided by the Department. Use of this pre-addressed envelope will ensure that billing statements will arrive in their original condition and that they will be properly routed for processing.

When Form DPA 2209 Transportation Invoice is submitted with Form DPA 1411 Temporary MediPlan Card as an attachment, the invoice must be submitted in the pre-addressed envelope DPA 2248, Special Approval Envelope.

=T-202.31 Submittal of Emergency Helicopter Services

Providers of emergency helicopter services, including hospitals, should follow the instructions for claim preparation and submittal set out in Section T-202.3. In addition, the provider's record for each service must contain the air flight record and a physician's written statement that indicates the patient's diagnosis and medical need. A general statement such as "transport ordered by an M.D." or "transport to a higher level of care", is not sufficient.

=T-202.4 PAYMENT

Payment made by the Department for allowable medical transportation services provided to patients who are not eligible for Medicare will be made at the lower of the provider's usual and customary charge or the maximum rate as established by the Department.

Payment made by the Department for ambulance or helicopter transportation

services provided to patients who are eligible for both Medicare and Medicaid will be at the lower of the provider's usual and customary charge or the maximum rate as established by the Department, or the Medicare allowable rate.

Emergency helicopter trips will be reimbursed using an all-inclusive rate depending upon whether the services are for transport team only, helicopter only or transport team and helicopter services.

Helicopter transportation providers who own the helicopter and provide their own transport team will be reimbursed at a maximum rate per trip or the usual and customary charges, whichever is less.

If a hospital provides the transport team but does not own the helicopter, the Department will equally divide the established reimbursement rate or the usual and customary charges of the providers, whichever is less, between the hospital and the helicopter provider.

Hospitals that own their own helicopter and report its costs on their cost reports will not be paid for helicopter transportation services. The Department shall not cover the services of helicopter transportation providers that have entered into payment agreements with receiving facilities.

Ambulance trips will be reimbursed using a base rate and a loaded mileage rate. When Basic Life Support (BLS) is provided, claims made for the administration of oxygen when medically necessary, will be paid at a maximum rate established by the Department.

Advanced Life Support (ALS) trips will be reimbursed using a base rate, loaded mileage rate, oxygen when medically necessary, and all ancillary charges at a maximum rate established by the Department. Payment for ALS is only made to providers who are certified for the service by the Illinois Department of Public Health.

Medicar trips will be reimbursed using a base rate and a loaded mileage rate after the first ten miles of a one-way trip (twenty miles for a round trip) at a rate set by the Department. Payment for an attendant, who is a person other than the driver, and non-emergency stretcher will be made at a maximum rate established by the Department. Refer to T-210.6 for the Department’s policy regarding attendants.

Service Car trips will be reimbursed at a base rate and a loaded mileage rate after the first ten miles of a one way-trip (twenty miles for round trip) at a rate set by the

Department. Payment for an attendant, who is a person other than the driver, will be made at a maximum rate established by the Department. Refer to T-210.6 for the Department's policy regarding attendants.

Taxicab trips will be reimbursed at the community rate, as set by local government or if no regulated local government rates exists, at a maximum rate established by the Department. Payment for an attendant, who is a person other than the driver, will be made at a maximum rate established by the Department. Refer to T-210.6 for the Department's policy regarding attendants.

Private Auto trips will be reimbursed at a loaded mileage rate as set by the Department.

= **Unique or Exceptional Modes of Transportation** may be reimbursed at a negotiated rate.

Billing of excess mileage is not allowed. In performing audits, the Department verifies mileage with a travel route software package.

T-202.5 FEE SCHEDULE

The Department's list of allowable procedure codes by provider type are listed on the Department's website. The listing can be found at

http://www.dpaillinois.com/reimbursement/

Paper copies of the listings can be obtained by sending a written request to:

Illinois Department of Public Aid
Bureau of Comprehensive Health Services
201 South Grand Avenue East
Springfield, IL 62763-0001

The fee schedule is also available electronically. The Department maintains a downloadable rate file suitable for use in updating a provider's computerized billing system. This file is located in the same area on the Department's website as the listings described above. A copy of this file can also be obtained by sending a blank 3.5 inch IBM PC compatible diskette, a written request and a self-addressed, prepaid diskette mailer to the address listed above.

Procedure codes and reimbursement rates for each transportation provider are listed on the Provider Information Sheet. Anytime a change in procedure codes or rates is made, the provider will receive an updated provider information sheet.

T-211 APPROVAL FOR NON-EMERGENCY TRANSPORTATION

The Department has contracted with an administrative services organization (ASO) to operate a centralized automated transportation prior approval process.

Except as listed below, prior approval is required for all non-emergency transportation services to and from a source of medical care covered by the Department's Medical Programs.

= Prior approval is not required for:

- C Emergency ambulance and helicopter services (Category of Service 50).
- Medical transportation provided for patients who reside in Long Term Care (LTC) Facilities. For purposes of prior approval or requests for transportation services, LTC facilities are defined as:
  - Nursing Facilities or Skilled Nursing Facilities - Provider Type 33
  - Intermediate Care Facilities for the Mentally Retarded (ICF/MR) -Provider Type 29
  - Supportive Living Facilities (SLF) - Provider Type 28
  - State Operated Facilities - Provider Type 34
- C Ambulance service from one hospital for admission to a second hospital to receive inpatient services which are not available at the sending hospital.
- C Ambulance services for Medicare eligible participants, when the trip is allowed by Medicare. If the Medicare intermediary disallows the transportation, post approval must be requested from the Department's authorized transportation approval agent.

In situations when prior approval is not required, providers have the responsibility for verifying the appropriate mode of transportation, the participant's eligibility and the origin and destination prior to accepting the participant for transport.

T-211.1 PRIOR APPROVAL FOR NON-EMERGENCY TRANSPORTATION

= The Illinois Department of Public Aid contracts with First Transit Inc. to provide prior approvals of requests for non-emergency transportation services. To request a prior approval, contact First Transit Inc. at 1-877-725-0569, TTY 1-877-204-1012, Monday - Friday 8:00 AM - 5:00 PM. Requests for approvals must be made at least two business days prior to the date the transportation service is needed. "Business days" means Monday through Friday and does not include Saturdays, Sundays and holidays.

A standing approval, with a duration of up to 6 months, may be obtained when subsequent trips to the same medical source are required based on standing orders for specific medical services. When approval is sought for subsequent trips to the same medical source, the patient's physician or other health professional must supply the Department's authorized transportation approval agent with a written statement describing the nature of the medical need, the necessity for on-going visits, already established appointment dates and the number and expected duration of the required on-going visits.

Approval Procedures - A request for transportation is initiated to the Department's transportation approval agent by a participant, the transportation provider or the medical services provider.

The approval should be requested as least 2 business days in advance because additional information may be required to make a determination.

The transportation approval agent will require the following information to determine whether the requested transportation is approved:

Name of the participant needing transportation.
Participant's recipient identification number (RIN).
Date and time of the medical appointment.
Medical provider name and address.
Specific purpose of the appointment.
Information to determine the level of transportation needed.
Transportation provider name and provider number.

An approval does not guarantee payment. The participant for whom transportation is approved must be eligible at the time each service is provided.

Approval will be given for the least expensive mode of transportation which is adequate to meet the participants' medical needs. The Department reserves the right for its authorized transportation approval agent to determine the appropriate mode of transportation and if necessary, to assist the participant in obtaining a transportation provider.

Special procedures are used to approve non-emergency medical transportation for children who are in the care and custody of the Illinois Department of Children and Family Services (DCFS). Only DCFS medical liaisons may make non-emergency medical transportation arrangements for DCFS wards. For questions regarding non-emergency medical transportation for a DCFS ward, contact the child's DCFS caseworker or DCFS at 1-800-228-6533.

T-211.2 POST APPROVAL FOR NON-EMERGENCY TRANSPORTATION

In the event it is not possible to obtain prior approval for non-emergency transportation, post approval must be requested. Post approval requests must be received by the transportation approval agent no later than 90 days after the date(s) of service and must include the information required for a prior approval.

Requests for post approvals are subject to the same criteria as those for prior approvals as stated in Topic T-211.1.

Exceptions to the 90 day deadline will be permitted in the following instances:

- The Department or the DHS local office has received the patient's Medical Assistance or KidCare application, but approval of the application has not been issued as of the date of service. In such a case, the post approval request must be received by the approval agent no later than ninety (90) days following the date of the Agency's Notice of Decision approving the application.

- The participant did not inform the provider of his or her eligibility for Medical Assistance or KidCare. In such a case, the post approval request must be received by the approval agent no later than six (6) months following the date of service, but will be considered for payment only if there is attached to the request a copy of the provider's dated, private pay bill or collection correspondence, which was addressed and mailed to the participant each month following the date of service.

- A request for payment was submitted to a third party payer within six (6) months following the date of service. In such a case, a post approval request must be received by the approval agent no later than ninety days from the date of final adjudication by the third party.

T-211.3 PRIOR APPROVAL NOTIFICATION

= If the requested transportation service is approved, the transportation provider will receive a computer-generated letter, form DPA 3076F, Notice of Approval for Transportation Services, listing the approved service(s). The transportation provider must review the Notice of Approval for Transportation Services for accuracy. If there are errors on the Notice, such as incorrect Origin and Destination Codes, First Transit must be contacted to correct the posted approval.

The transportation claim submitted must match the services that appear on the form DPA 3076F, Notice of Approval for Transportation Services, or the claim will be rejected.

=

Immediately following the **EXCEPTION INDICATOR** are the **BEGIN** date indicating the first date when the provider's claims were to be manually reviewed and the **END** date indicating the last date the provider's claims were to be manually reviewed. If the provider has no exception, the date fields will be blank.

AGR (Agreement) indicates whether the provider has a form DPA 1413T, Provider Agreement, on file and the provider is eligible to submit claims electronically. Possible entries are YES or NO.

4 **CERTIFICATION/ LICENSE NUMBER**

This is a unique number identifying the license issued by a state agency authorizing a provider to practice or conduct business. This entry is followed by the **ENDING** date indicating when the license will expire.

5 **S.S.#**

This is the provider's social security or FEIN number.

6 **PROCEDURE CODE/RATE AND CATEGORIES OF SERVICE**

This area identifies the types of services, procedure(s) and current rate a provider is enrolled to provide.

PROCEDURE CODE - Identifies and defines the specific procedure(s) codes the provider is enrolled to perform. Immediately following the procedure description is the **DATE** the provider has been approved to render services and the reimbursable **RATE** approved by the Department for each listed service rendered by the provider.

ELIGIBILITY CATEGORY OF SERVICE contains one or more three-digit codes and corresponding narrative indicating the types of service a provider is authorized to render to patients covered under the Department's Medical Programs. The possible codes are:
50 - Emergency Ambulance or Helicopter
51 - Non-Emergency Ambulance
52 - Medicar
53 - Taxicab
54 - Service Car
55 - Private Automobile
56 - Other
Each entry is followed by the date that the provider was approved to render services for each category listed.

7 **PAYEE INFORMATION**

This area records the name and address of any persons or entities authorized to receive payments on behalf of the provider.

If no payee number is designated on a claim form, the Department will reject the claim.

PAYEE ID NUMBER is a sixteen-digit identification number assigned to each payee to whom warrants may be issued. A portion of this number is used for tax reporting purposes, therefore no payments can be made to a payee unless the number is on file. Immediately following this number is the effective date when payment may be made to each payee on behalf of the provider.

The **MEDICARE/PIN** or the **DMERC** # is the number assigned to the payee by the Medicare Carrier to cross-over Medicare billable services.

8 **SIGNATURE**

The provider is required to affix an original signature when submitting changes to the Department of Public Aid.

APPENDIX T-4

SAMPLE UNIFORM TRIP TICKET FOR PROVIDERS OF SERVICE CAR, MEDICAR AND TAXICAB SERVICES

= The sample Uniform Trip Ticket may be used by providers of service car, medicar and taxicab services as a way to document information pertinent to each trip. The Department does not issue this form, or require that providers use it for documentation. However, it does contain information that can assist providers in fulfilling their record requirements.

Illinois Department of Public Aid
Medicar / Service Car / Taxicab Uniform Trip Ticket

Recipient Information

Name_____ **Recipient Identification Number**_____

Address_____

Requestor Information

Name_____ **Address**_____

Vehicle Information

License plate number_____ **Type of Vehicle**: ____**Medicar** ____**Service Car** ____**Taxicab**

Medical Provider Information

Name of medical provider_____ **Type of facility**_____

Trip Information

Date of trip _____ **Prior Approval Number** _____

	Initial Trip	**Return Trip**
Name of driver	_____	_____
Drop off Address	_____	_____
No. of miles traveled	_____	_____
Name of employee attendant	_____	_____
Pick up/Drop-off time	_____/_____	_____/_____
Was the recipient accompanied on the trip?	____**Yes** ____**No**	____**Yes** ____**No**
Was the recipient able to walk unassisted?	____**Yes** ____**No**	____**Yes** ____**No**
Was a stretcher used?	____**Yes** ____**No**	____**Yes** ____**No**

Explain the medical necessity of the trip/s if no prior approval was required. Also, explain the need for an attendant or stretcher, if used:

_____

Signature of person completing form_____

Printed Name_____ **Date**_____